

<i>SERFF Tracking Number:</i>	<i>PRLF-126825959</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Principal Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46874</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H06 Health - Conversion</i>	<i>Sub-TOI:</i>	<i>H06.000 Health - Conversion</i>
<i>Product Name:</i>	<i>PPACA Filing - Conversion</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Principal Life Insurance Company	SERFF Tr Num: PRLF-126825959	State: Arkansas
Product Name: PPACA Filing - Conversion	SERFF Status: Closed-Approved-	State Tr Num: 46874
TOI: H06 Health - Conversion	Closed	
Sub-TOI: H06.000 Health - Conversion	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Rosalind Minor
	Authors: Bonnie Blue, Donna Burns, Jan Majerus, Dorthy Mcgrean, Brenda Mcleran, Ann McCoy	Disposition Date: 10/07/2010
	Date Submitted: 09/22/2010	Disposition Status: Approved-Closed
Implementation Date Requested: 09/23/2010		Implementation Date:
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 10/07/2010	Explanation for Other Group Market Type:
	State Status Changed: 10/07/2010
Deemer Date:	Created By: Dorthy Mcgrean
Submitted By: Brenda Mcleran	Corresponding Filing Tracking Number:
PPACA: Non-Grandfathered Immed Mkt Reforms	
Filing Description:	
RE Federal Patient Protection and Affordability Act of 2010 (PPACA)	
Booklet-Certificate Rider: GH 198 PPACA10NG	

Principal Life Insurance Company NAIC No. 61271-332
FEIN # 42-0127290

<i>SERFF Tracking Number:</i>	<i>PRLF-126825959</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Principal Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46874</i>
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<i>TOI:</i>	<i>H06 Health - Conversion</i>	<i>Sub-TOI:</i>	<i>H06.000 Health - Conversion</i>
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The above referenced Booklet-Certificate Rider is enclosed for your review and approval to comply with the Federal Patient Protection and Affordability Act of 2010.

This form is for exclusive use in Arkansas, and therefore have not been filed in our domicile state of Iowa.

Our medical conversion policy, GC 500 (MGCT) et al, is issued through a group trust policy filed and approved in the state of Missouri. This group trust policy was originally approved by Missouri on March 14, 1990, with subsequent revisions also filed and approved.

Subject to your approval of this rider, one will be mailed to each existing person insured under the medical conversion product.

All required certification forms are also enclosed. The required rating information will be sent under separate cover. Please feel free to call me if you have any questions on the attached materials.

Company and Contact

Filing Contact Information

Dorothy McGrean, State/Federal Compliance Analyst	mcmgrean.dorothy@principal.com
711 High St.	800-986-3343 [Phone] 82835 [Ext]
K-005-E81	515-246-2491 [FAX]
Des Moines, IA 50392-0002	

Filing Company Information

Principal Life Insurance Company	CoCode: 61271	State of Domicile: Iowa
711 High Street	Group Code: 332	Company Type: Life & Health
Des Moines, IA 50392-0002	Group Name:	State ID Number:
(800) 986-3343 ext. [Phone]	FEIN Number: 42-0127290	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00

SERFF Tracking Number: PRLF-126825959 State: Arkansas
Filing Company: Principal Life Insurance Company State Tracking Number: 46874
Company Tracking Number:
TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion
Product Name: PPACA Filing - Conversion
Project Name/Number: /
Retaliatory? No
Fee Explanation: \$50 per rider; filing one rider
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Principal Life Insurance Company	\$50.00	09/22/2010	39768881

SERFF Tracking Number:	PRLF-126825959	State:	Arkansas
Filing Company:	Principal Life Insurance Company	State Tracking Number:	46874
Company Tracking Number:			
TOI:	H06 Health - Conversion	Sub-TOI:	H06.000 Health - Conversion
Product Name:	PPACA Filing - Conversion		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/07/2010	10/07/2010

<i>SERFF Tracking Number:</i>	<i>PRLF-126825959</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Principal Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46874</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H06 Health - Conversion</i>	<i>Sub-TOI:</i>	<i>H06.000 Health - Conversion</i>
<i>Product Name:</i>	<i>PPACA Filing - Conversion</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 10/07/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	PRLF-126825959	State:	Arkansas
Filing Company:	Principal Life Insurance Company	State Tracking Number:	46874
Company Tracking Number:			
TOI:	H06 Health - Conversion	Sub-TOI:	H06.000 Health - Conversion
Product Name:	PPACA Filing - Conversion		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Booklet-Certificate Rider	Approved-Closed	Yes

SERFF Tracking Number: PRLF-126825959 State: Arkansas

Filing Company: Principal Life Insurance Company State Tracking Number: 46874

Company Tracking Number:

TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion

Product Name: PPACA Filing - Conversion

Project Name/Number: /

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-	GH 198	Certificate	Booklet-Certificate	Initial			GH 198
Closed	PPACA10N	Amendmen	Rider				PPACA10NG.
10/07/2010	G	t, Insert					pdf
		Page,					
		Endorseme					
		nt or Rider					

**PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010
BOOKLET-CERTIFICATE RIDER**

MEDICAL EXPENSE CONVERSION INSURANCE]

Effective [September 23, 2010] some of the benefits, terms, conditions, limitations, and exclusions contained in the booklet-certificate to which this Rider is attached will change as a result of the Patient Protection and Affordable Care Act of 2010. Except as specifically provided herein, this Rider is subject to all of the terms, provisions, definitions, and limitations of the above booklet-certificate. In the event of a conflict between the provisions of any other section of the above booklet-certificate and the provisions of this Rider, the provisions of this Rider shall prevail.

A. Definitions: The following Definitions will be added to your booklet-certificate:

“Emergency Medical Condition (Medical Emergency)” means:

A health care item or service furnished or required to evaluate and treat a medical emergency condition, which may include, but will not be limited to, health care services that are provided in a Hospital’s emergency facility by an appropriate provider.

A medical condition which manifests itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- (1) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; or
- (2) serious impairment to bodily functions; or
- (3) serious dysfunction of any bodily organ or part; or
- (4) inadequately controlled pain; or
- (5) with respect to a pregnant woman who is having contracting:
 - (a) inadequate time to effect a safe transfer to another Hospital before delivery; or
 - (b) transfer to another Hospital if that transfer may pose a threat to the health or safety of the woman or the unborn child.

“Emergency Services” means with respect to an Emergency Medical Condition: transportation services, including but not limited to ambulance services, and covered inpatient and outpatient hospital services furnished by a provider qualified to furnish those services that are needed to evaluate or stabilize an Emergency Medical Condition.

“Stabilize” means, with respect to an Emergency Medical Condition, to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility.

For the purpose of this Rider “Essential health benefits” means benefits covered under the attached booklet-certificate, in at least the following categories: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance abuse disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management and pediatric services, including pediatric oral and vision care. Such benefits shall be consistent with those set forth under the Patient Protection and Affordable Care Act of 2010 and any regulations issued pursuant thereto.

B. Lifetime Dollar Limits

Essential health benefits, provided within the attached booklet-certificate as shown under the Summary of Benefits will no longer be subject to lifetime dollar maximum(s).

C. Annual Dollar Limits

Essential health benefits, provided within the attached booklet-certificate as shown under Summary of Benefits will no longer be subject to annual dollar maximum(s). The following benefits will continue to be subject to the limits shown below:

- PKU \$2,400 per calendar year

PPACA allows for the removal of the overall lifetime benefit limit to be phased in over a number of years by converting to an annual limit. Your Medical Expense Conversion Insurance will have the following annual maximums applied as of the dates shown below:

Effective Date	Annual Maximum Benefit Limit
[October 1, 2011]	\$750,000
[October 1, 2012]	\$1,250,000
[October 1, 2013]	\$2,000,000
[October 1, 2014]	Unlimited

D. Rescissions

We may not terminate your coverage under the attached booklet-certificate based on a misrepresentation by you unless you have performed an act or practice that constitutes fraud; or made an intentional misrepresentation of material fact as prohibited by the terms of the booklet-certificate.

E. Preventive Health Services

This information replaces the current text in the attached booklet-certificate for Childrens Preventive Health Care, Immunizations and Routine Care under the Summary of Benefits and Covered Charges. The following services will now be covered without regard to any Deductible, copayment, coinsurance, or annual and lifetime maximum requirement that would otherwise apply:

- (1) evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force; or
- (2) immunizations that are recommended from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the insured person involved; or
- (3) preventive care and screenings for infants, children, and adolescents, according to guidelines supported by the Health Resources and Services Administration; or
- (4) in addition to the benefits or services listed under item (1) above, additional preventative care and screening for women according to the guidelines supported by the Health Resources and Services Administration.

The following Benefits will replace the current Benefits described under the Summary of Benefits and Covered Charges Benefits Payable for Childrens Preventive Health Care, Immunizations and Routine Care and will be payable as shown below:

Benefits for the services included in (1) through (4) above will be covered as follows:

- 100%; no copays or Deductibles apply.

Any other services not listed above will be covered the same as any other service based on location of service.

F. Extension of Coverage to Dependents

The following Definition will replace the current definition of Dependent Child in the Definitions section in the attached booklet-certificate:

Dependent Child; Dependent Children means:

- Your natural, stepchild or legally adopted child, if that child is less than [26] years of age.

A newly adopted child will be considered a Dependent Child from the date of Placement with you for the purpose of adoption or the date of adoption, whichever is earlier. The child will continue to be a Dependent Child unless the Placement is disrupted prior to legal adoption and the child is removed from Placement.

- Your foster child, provided:
 - the child is less than [26] years of age; and
 - the child has been placed with you or your spouse insured under this booklet-certificate by an authorized state placement agency or by order of a court; and
 - the required documentation has been provided and the child is approved in Writing by Us as a Dependent Child.

Dependent Child will include any child covered under a Qualified Medical Child Support Order (QMCSO) or National Medical Support Notice (NMSN) as defined by applicable federal law and state insurance laws that are applicable to the Group Policy, provided the child meets the definition of a Dependent Child.

G. Right to Appeal

You have the right to appeal any decision or action taken by Us to deny, reduce, or terminate the provision of or payment for health care services covered by the attached booklet-certificate. These appeal procedures will be included on any notice of denial, reduction or termination of benefits. These appeal procedures must first be exhausted before a right to an external independent review can be granted. When We have denied, reduced, or terminated a requested service or payment for the service based on a judgment as to the medical necessity, appropriateness, health care setting, level of care, or effectiveness of the health care service, you have the right to have Our decision reviewed by an independent review organization not associated with Us.

Except where a covered person's life or health would be seriously jeopardized, you must first exhaust the internal review process set forth on the notice of denial, reduction, or termination of benefits before We will grant for an external independent review. You, your Dependent or a designated representative or provider acting on behalf of you or your Dependent have the right to apply to the Insurance Commissioner for an external review of an adverse determination or final adverse determination which involves an issue of medical necessity, appropriateness, health care setting, level of care or effectiveness.

You or your Dependent must authorize the release of any medical records necessary to complete the external review.

H. Emergency Services

Emergency Services will be covered without the need for any prior authorization determination.

I. Direct Access to Obstetricians and Gynecologists

A female insured person or Dependent may see any available participating health care professional who specializes in obstetrics or gynecology without referral from her primary care provider.

The attached booklet-certificate does not currently require a primary care provider.

J. Selection of a Primary Care Provider

A Member or Dependent may designate any available participating primary care provider who is available to accept him or her as their primary care provider.

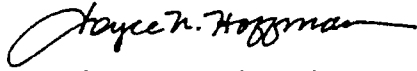
The attached booklet-certificate does not currently require a primary care provider.

This Rider will take effect upon [October 1, 2010]. This Rider terminates concurrently with the above booklet-certificate to which it is attached.

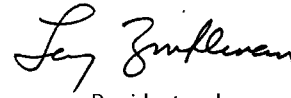
All other terms, provisions, conditions, limitations, and exclusions of the booklet-certificate remain in full force and effect with respect to benefits and all other aspects of the insurance of the booklet-certificate, and are controlling with respect to this Rider unless expressly modified herein.

Nothing in this Rider will vary, alter, or extend any provision or condition of the booklet-certificate other than as stated in this Rider.

PRINCIPAL LIFE INSURANCE COMPANY

A handwritten signature in cursive script, reading "Joyce N. Haggman".

Senior Vice President and
Corporate Secretary

A handwritten signature in cursive script, reading "Jay Zimbleman".

President and
Chief Executive Officer

SERFF Tracking Number:	PRLF-126825959	State:	Arkansas
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Product Name:	PPACA Filing - Conversion		
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Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	10/07/2010
Comments:			
Attachment:			
Readability Cert.pdf			

		Item Status:	Status
			Date:
Satisfied - Item:	Application	Approved-Closed	10/07/2010
Comments:			
The application to be used with this rider would be GP 49535, which was filed and approved by your department on December 10, 2002.			

		Item Status:	Status
			Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	10/07/2010
Bypass Reason:	This will be sent with the rate filing, which is forth coming.		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	10/07/2010
Bypass Reason:	N/A for this filing		
Comments:			

		Item Status:	Status
			Date:
Satisfied - Item:	PPACA Uniform Compliance Summary	Approved-Closed	10/07/2010
Comments:			
Attachments:			

<i>SERFF Tracking Number:</i>	<i>PRLF-126825959</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>PPACA Filing - Conversion</i>		
<i>Project Name/Number:</i>	/		
PPACA Certification.pdf			
NGPPACA Compliance Summary.pdf			

**STATE OF ARKANSAS
INSURANCE DEPARTMENT**

CERTIFICATION OF READABILITY

I, Kimberly Douglas, an Officer of Principal Life Insurance Company hereby certify that the attached form(s) has (have) achieved a Flesch Reading Ease Score of:

Form No.	Form Name	Flesch Score
GH 198 PPACA10NG	Booklet Certificate Rider	50

and complies with the requirements of Ark. Stat. Ann. Sections 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

PRINCIPAL LIFE INSURANCE COMPANY



Kimberly Douglas, Director
Group Life and Health Compliance

September 22, 2010

Date

12/1999





**Principal Life
Insurance Company**

**Patient Protection and Affordable Care Act (PPACA)
Certification of Compliance**

Company: Principal Life Insurance Company

Company FEIN: 42-0127290

I, Kimberly Douglas, an Officer of Principal Life Insurance Company hereby certify that to the best of my knowledge and belief, concerning requirements necessary to comply with federal PPACA and associated health care reform legislation, that the forms listed herein, are complete and contains all materials required by the federal PPACA.

I understand that the Arkansas Department of Insurance will rely on this Certification of Compliance for the forms listed, and should it subsequently be determined that the forms listed do not comply with federal PPACA and associated health care reform legislation or that this certification is false or incorrect; corrective and disciplinary action, including retroactive disapproval, as authorized by law, may be taken by the Department against the Company.

PRINCIPAL LIFE INSURANCE COMPANY

A handwritten signature in cursive script that reads "Kimberly Douglas".

Kimberly Douglas, Director
Group Life and Health Compliance

September 22, 2010

Date

PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.

☐ INDIVIDUAL HEALTH BENEFIT PLANS (Complete [SECTION A](#) only)

☐ SMALL / LARGE GROUP HEALTH BENEFIT PLANS (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

***For all filings, include the Type of Insurance (TOI) in the first column.**

☐ Check box if this is a paper filing.

COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services. Explanation: Page Number:	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. Explanation: Page Number:	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Appeals Process – Requires establishment of an internal claims appeal process and external review process. Explanation: Page Number:	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level. Explanation: Page Number:	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits – Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◇	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes [◇] <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

◇ For plan years beginning before January 1, 2014, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			